Refer to: MB:ST IA WA 0242.90.R1.05

Jessie K. Rasmussen, Director Department of Human Services Hoover State Office Building, 5th Floor Des Moines, Iowa 50319

Dear Ms. Rasmussen:

I am pleased to inform you that your request to amend lowa's home and community-based services waiver for Mental Retardation authorized under the provisions of section 1915(c) of the Social Security Act (the Act) has been approved. The waiver amendment has been assigned control number 0242.90.R1.05. This number should be used in any subsequent correspondence.

Specifically, the amendment requests an increase in the number of children and adults to be served. This waiver continues to provide supported employment, home health care aid, respite, supported community living, home and vehicle modification, PERS, nursing, consumer directed attendant care, and interim medical monitoring and treatment.

We conclude that information provided in your request conforms to the requirements of statute and regulations.

The following estimates of utilization and cost of waiver services have been approved:

| | | <u>C</u> <u>x</u> | <u>D</u> | <u>Total</u> |
|--------------------|--------|-------------------|----------|---------------|
| (7/1/00 – 6/31/01) | Year 2 | 6,624 | \$20,911 | \$138,512,692 |
| (7/1/01 - 6/30/02) | Year 3 | 7,949 | \$21,327 | \$169,524,977 |
| (7/1/02 - 6/30/03) | Year 4 | 9,539 | \$21,752 | \$207,488,934 |
| (7/1/03 - 6/30/04) | Year 5 | 11,447 | \$22,186 | \$253,963,556 |

We appreciate the effort and cooperation provided by your staff. If you should have any questions about this matter, please contact Sharon Taggart at (816) 426-3406.

Sincerely,

Joe L. Tilghman Regional Administrator

cc: Dennis Headlee Karen Miller

bcc:

MJ Duckett Wvr Team P Luce

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